

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2015
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00179561.</p> <p>Complaint IN00179561 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: August 13, 2015</p> <p>Facility number: 003283 Provider number: 003283 AIM number: N/A</p> <p>Census bed type: Residential: 53 Total: 53</p> <p>Sample: 03</p> <p>Country Charm Village was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaint IN00179561.</p>	R 000		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE